



December 11, 2002

Mayor Wesely and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Wesely and Members of the City Council:

An investigation has been made regarding the application of Double Eagle Beverages LLC, d.b.a. Double Eagle Beverage, 5840 North 70th Street requesting a class W liquor license. This location is currently known as D & D Distributor, holder of a class W liquor license.

Double Eagle Beverages will be a wholesale distributor for products handled by Anheuser Bush Company.

Anthony Gillick, president has requested that he be approved as the manager of the liquor license.

Mr. Gillick has been involved in the business of alcohol distribution for over twenty-six years. Background information on Mr. Gillick has been included for your review.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.

THOMAS K. CASADY, Chief of Police



Police Department
575 South 10th Street / Lincoln, Nebraska 68508 / Phone: 402-441-7204 / Fax: 402-441-8492 / Website: www.ci.lincoln.ne.us

A nationally accredited law enforcement agency



STATE OF NEBRASKA



Mike Johanns
Governor

December 9, 2002

Office of the City Clerk
555 So 10th Street
Suite 103
Lincoln NE 68508

RE: Double Eagle Beverage LLC
dba Double Eagle Beverage
5840 No 70th Street, Lincoln NE
License W-58082

Dear Clerk:

The above referenced distributor has applied for a wholesaler beer license. See enclosed applications. This is to replace Namreh, Inc. dba D & D Distributor, license #W-03741

Please present this request to your council and send us the results of that action.

Sincerely,

NEBRASKA LIQUOR CONTROL COMMISSION

A handwritten signature in cursive script that reads "Mary Messman".

Mary Messman
Licensing Division

mm

cc: file

Rhonda R. Flower
Commissioner

Bob Logsdon
Chairman

R.L. (Dick) Coyne
Commissioner

An Equal Opportunity/Affirmative Action Employer

Printed with soy ink on recycled paper

NEBRASKA LIQUOR CONTROL COMMISSION

Forrest D. Chapman

Executive Director

301 Centennial Mall South, 5th Floor

P.O. Box 95046

Lincoln, Nebraska 68509-5046

Phone (402) 471-2571

Fax (402) 471-2814

TRS USER 800 833-7352 (TTY)

web address: <http://www.nol.org/home/NLCC/>

CITY OF LINCOLN
NEBRASKA

02 DEC 10 PM 3 48

CITY CLERK'S OFFICE

FILED

12/10/03
PH: 1-13-03

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A2-141056

120

#58082

LICENSE APPLICATION CHECKLIST

Required areas marked by a red asterisk (*)

Applicants Double Eagle Beverage, LLC *Telephone # 402/467-3573 2002Trade Name Double Eagle Beverage, LLC *Previous Trade Name N/A *NEBRASKA LIQUOR
CONTROL COMMISSION

PROVIDE ALL THE ITEMS REQUESTED. FAILURE TO PROVIDE ANY ITEM WILL CAUSE THIS APPLICATION TO BE RETURNED OR PLACED ON HOLD. ALL DOCUMENTS MUST BE LEGIBLE. ANY FALSE STATEMENT OR OMISSION MAY RESULT IN THE DENIAL, SUSPENSION, CANCELLATION OR REVOCATION OF YOUR LICENSE. *IF YOUR OPERATION DEPENDS ON RECEIVING A LIQUOR LICENSE THE NEBRASKA LIQUOR COMMISSION CAUTIONS YOU THAT IF YOU PURCHASE, REMODEL, START CONSTRUCTION, SPEND OR COMMIT MONEY THAT YOU DO SO AT YOUR OWN RISK. THIS APPLICATION DOES NOT GUARANTEE YOU A LIQUOR LICENSE.*

Prior to submitting your application review the application carefully to ensure that all sections are completed, and that any omissions or errors have not been made. All applications & attachments must be submitted in triplicate.

REQUIRED ATTACHMENTS

EACH ITEM MUST BE CHECKED OFF AND INCLUDED OR CHECKED N/A FOR NOT APPLICABLE

- 1* ☒ Included ☐ N/A Fingerprint cards for each person (two cards per person) must be enclosed with a separate check payable to the Nebraska State Patrol for processing in the amount of \$33.00 for each person.
- 2* ☒ Included ☐ N/A Enclose registration and license fees for the appropriate class of license.
- 3* ☒ Included ☐ N/A Enclose the appropriate additional application forms; Individual License - Form 1; Partnership License - Form 2; Corporate License - Form 3 and Manager application (with corporate application only).
- 4* ☒ Included ☐ N/A Enclose a copy of the lease that extends through the license year or real estate deed or sales contract/agreement demonstrating ownership or control of the premises. Include a specific listing of any equipment or fixtures that are part of any agreements to purchase, rent or lease from current license holder.
- 5* ☒ Included ☐ N/A Enclose a copy of the Temporary Agency Agreement if applicable - only Nebraska Liquor Control Commission approved agreement forms will be accepted.
- 6* ☒ Included ☐ N/A Enclose a copy of the inventory of alcoholic stock that are being purchased from the existing license by you. The inventory shall include the brand names and container sizes.
- 7* ☐ Included ☒ N/A Enclose a list of any inventory or property owned by other parties that are on the premises.
- 8* ☐ Included ☒ N/A Enclose proof of citizenship, birth certificates, or naturalization documents for all persons listed on this application, unless this is a corporation application.
- 9* ☒ Included ☐ N/A If a corporation, attach copy State of Nebraska Corporation Registration or articles of incorporation.

WHEN YOU HAVE COMPLETED THIS CHECKLIST, THE APPLICATION FORM(S) AND ATTACHED ALL THE REQUIRED DOCUMENTS, SUBMIT THEM TO: NEBRASKA LIQUOR CONTROL COMMISSION, P.O. BOX 95046, LINCOLN, NEBRASKA 68509-5046

APPLICATION FOR LICENSE

Nebraska Liquor Control Commission
PO Box 95046,
301 Centennial Mall South
Lincoln, NE 68509-5046

<http://www.nol.org/home/NLCC/>
Phone: (402) 471-2571
Fax: (402) 471-2814



INSTRUCTIONS: Include: 1. Applicable fees payable to Liquor Control Commission 2. Copy of birth certificate or naturalization papers proving U.S. citizenship for each individual and spouse named on application (not required of corporations or spouse(s) who file an affidavit of no interest with application, Commission form 4178 3. Corporations must include copy of articles of incorporation as filed with the Secretary of States office in the state of Nebraska 4. Commission checklist, form 4251 5. Fingerprint cards and processing fees (are required of individuals, all partners and spouses. Corporate applicants must file for CEO/Manager & stockholders holding over 25% stock 6. All applications must be typewritten or printed clearly 7. Submit in Triplicate 8. Required areas marked by a red asterisk (*)

CLASS OF LICENSE FOR WHICH APPLICATION IS MADE AND LIST OF FEES FOR EACH

Class of License (Check applicable class) *	Registration Fee	License Fees	Corporate Surety Bond
<input type="checkbox"/> A Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> F Beer, On Sale Only - Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> B Beer, Off Sale Only - Inside/Outside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> J Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> I Spirits, Wine, Beer, On Sale Only - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> D Spirits, Wine, Beer, Off Sale Only - Inside Corporate Limits	\$45.00	\$150.00	exempt
<input type="checkbox"/> D1 Spirits, Wine, Beer, Off Sale Only - within extraterritorial zoning jurisdiction	\$45.00	\$150.00	exempt
<input type="checkbox"/> C Spirits, Wine, Beer On & Off Sale - Inside Corporate Limits	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> M Bottle Club (Spirits, Wine, Beer, On Sale)	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> H Nonprofit Corporation	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> K Wine Only, Off Sale	\$45.00	Collected at Local Level	exempt
<input type="checkbox"/> O Boat	\$45.00	\$50.00	exempt
<input type="checkbox"/> V Manufacturer of Beer, Wine & Distilled Spirits	\$45.00	Varies \$100 to \$1,000	\$10,000 min.
<input type="checkbox"/> X Wholesale Liquor	\$45.00	\$500.00	\$ 5,000 min.
<input checked="" type="checkbox"/> W Wholesale Beer	\$45.00	\$250.00	\$ 5,000 min.
<input type="checkbox"/> Y Farm Winery	\$45.00	\$250.00	\$ 1,000 min.
<input type="checkbox"/> L Craft Brewery (Brew Pub)	\$45.00	\$250.00	\$ 1,000 min.

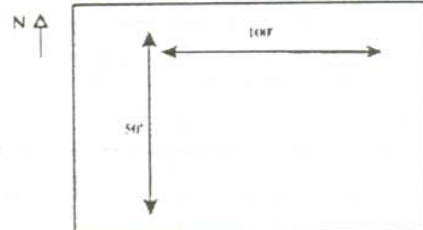
TYPE OF APPLICATION *	CORPORATE SURETY BOND INFORMATION	
Type of application being applied for (check appropriate box)	Bond Company - for Classes L V W X Y only	
1. <input type="radio"/> Individual License requires Form 1 to be attached.		
2. <input type="radio"/> Partnership License requires Form 2 to be attached.		
3. <input checked="" type="radio"/> Corporate License requires Forms 3 and Manager Application to be attached	Start Date Month/Day/Year	Bond Number

SECTION A – LOCATION INFORMATION – Must be completed by all applicants			
Trade Name (name of business)		Telephone Number at premise to be licensed	
Double Eagle Beverage, LLC		402/467-3573	
1) Street Address of Proposed licensed premise		2) Mailing Address for receipt of Liquor Control Commission mailings	
5840 North 70th Street		P.O. Box 29169	
City	County	City	County
Lincoln	Lancaster	Lincoln	Lancaster
Zip Code		Zip Code	
68507		68507	

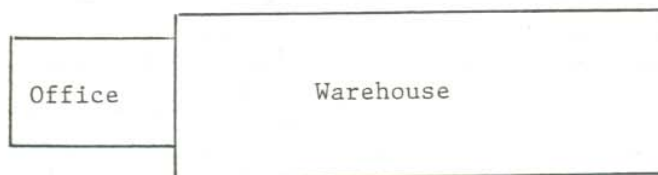
DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED

In the space provided draw the area to be licensed. This should include storage areas, basement, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building in situations where only a portion of the entire bldg. is to be covered by the license. No blue prints will be accepted. Be sure to indicate the direction North and number of floors of the building.

Building 292' x 150' plus cooler 80' x 97' to the east, office area 52' x 98' and fenced area 682' x 255' plus truck parking area 50' x 137'.



Example: East portion approximately 50' x 100' of main floor of 3 story building plus basement. Approximately 30' x 50' at the East end.



SECTION B			OTHER INFORMATION REQUIRED *	
	Yes	No	Explanation/Comments Note: Only what is visible on screen will be printed	
<p>* 1. READ CAREFULLY. Answer completely and accurately.</p> <p>Has anyone who is a party to this application, or their spouse, ever been convicted of or plead guilty to any criminal charge. Criminal charge means any charge alleging a felony or misdemeanor violation of a federal or state law; or a violation of a local law, ordinance or resolution. Include any DWIs or DUIs. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		
<p>* 2. Are you buying the business and/or assets of a licensee? If yes, submit a copy of the sales agreement with a listing of assets being acquired including liquor inventory (name brand and container size required).</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		
<p>* 3. Are you filing a temporary agency agreement, Commission form 4231, whereby current licensee allows you to operate on their license? If yes, attach copy.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>		
<p>* 4. Are you borrowing any money from any source to establish and/or operate the business? If yes, list the lender.</p>	Yes <input checked="" type="radio"/>	No <input type="radio"/>	U.S. Bank National Association	
<p>* 5. Will any person or entity other than licensee be entitled to a share of the profits of the establishment? If yes, explain.</p>	Yes <input type="radio"/>	No <input checked="" type="radio"/>		

<p>* 6. Will any of the furniture, fixtures and equipment to be used in this business be owned by others? If yes, list such items and the owner.</p>	<p>Yes <input checked="" type="radio"/></p>	<p>No <input type="radio"/></p>	
<p>* 7. Will any person(s) other than named in this application have any direct or indirect ownership or control of the business? If yes, explain?</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 8. Are the premises to be licensed within 150 ft. of a church, school, hospital, home for the aged or indigent persons or for veterans, their wives, children, or within 300 ft. of a college or university campus? If yes, list the name of such institution and where it is located in relation to the premises. Per Sec. §53-177.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>* 9. Is anyone listed on this application a law enforcement officer? If yes, list the person, the law enforcement agency involved and the persons exact duties.</p>	<p>Yes <input type="radio"/></p>	<p>No <input checked="" type="radio"/></p>	
<p>10. List the primary bank and/or financial institution (branch if applicable) to be utilized by the business and the person(s) who will be authorized to write checks and/or make withdrawals on accounts at such institutions.</p>	<p>U.S. Bank National Association 233 South 13th Street Lincoln, Nebraska 68507</p> <p>Authorized Persons: Anthony G. Gillick Loretta Lang</p>		
<p>11. List all past and present liquor licenses held by any person named in this application. Include license holder name, location of license and license number. Also list reasons for termination of any licenses previously held.</p>	<p>Gillick Enterprises, Inc. d/b/a Quality Beers Ltd. 6101 Gross Point Road Niles, Illinois 60714</p> <p>License No.: 03-2B-0000140</p>		
<p>12. List the person who will be the on site supervisor of the business and the estimated number of hours per week such person or manager will be on the premises supervising operations.</p>	<p>Anthony G. Gillick will be the Manager of the Business and will work 40 or more hours per week.</p>		

13. List the training and experience of the person listed in #12 above in connection with selling and/or serving alcohol products.	Anthony Gillick has been in the beer business for 26 years in sales, sales management, and most recently, a distributor in the Chicago metropolitan area for 14 years.		
14. If the property for which this license is sought is owned, submit a copy of the deed, or proof of ownership, if leased submit a copy of the lease covering the entire license year. (Documents must show title or lease held interest in name of applicant as owner or lessee in the individual(s) or corporate name for which the application is being filed)	The property is leased and attached is a copy of the Lease.		
15. When do you intend to open for business?	December 6, 2002		
16. List the principal residence for the past 10 years for all persons required to sign application. If necessary attach a separate sheet.			
NAME	FROM (YEAR)	TO (YEAR)	RESIDENCE (CITY, STATE)
Anthony G. Gillick	1989	2002	811 North Forrest Avenue
			Arlington Heights, IL 60004
Anthony G. Gillick	1989	1999	2604 North Chapel Hill Dr.
			Arlington Heights, IL 60004

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

Individual applicants agree to supervise in person the management and operation of the business and that they will operate the business authorized by the license for themselves and not as an agent for any other person or entity. Corporate applicants agree the approved manager will superintend in person the management and operation of the business. Partnership applicants agree one partner shall superintend the management and operation of the business. All applicants agree to operate the licensed business within all applicable laws, rules, regulations, and ordinances and to cooperate fully with any authorized agent of the Nebraska Liquor Control Commission.

Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

RECEIVED
DEC 20 2002
NEBRASKA LIQUOR
CONTROL COMMISSION

Sign
here

Anthony G. Gilbert

Sign
Here

Sign
Here

Sign
Here

Sign
Here

Sign
Here

Sign
Here

Sign
Here

Subscribed in my presence and sworn to before me this _____ day of _____, _____

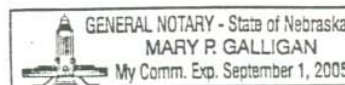
(SEAL)

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here

Mary P. Galligan
Notary Public Signature

Verify & Print form



FORM 35-4010
1
REV 1/01

DEC. 6. 2002. 10:43AM
Application for License

BRASHEAR & GINN

The undersigned applicant(s) hereby consent(s) to a background investigation and release of present & future records of every kind and description including police records, tax records (State and Federal), bank or lending institution records, and said applicant(s) and spouse(s) waive(s) any right or causes of action that said applicant(s) or spouse(s) may have against the Nebraska Liquor Control Commission, the Nebraska State Patrol, and any other individual disclosing or releasing said information. Any documents or records for the proposed business or for any partner or stockholder that are needed in furtherance of the application investigation or any other investigation shall be supplied immediately upon demand to the Nebraska Liquor Control Commission or the Nebraska State Patrol. The undersigned understand and acknowledge that any license issued, based on the information submitted in this application, is subject to cancellation if the information contained herein is incomplete and/or inaccurate.

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Must be signed in the presence of a notary public. Must be signed by applicant and spouse; if a partnership, all partners and spouses must sign and corporation, all stockholders (holding more than 25% of the stock), officers, directors and spouses must sign. Full names only, initials not acceptable.

Sign
hereSign
HereSign
HereSign
HereSign
HereSign
HereSign
HereSign
Here

Subscribed in my presence and sworn to before me this 16TH day of DECEMBER, 2002

(SEAL)

"OFFICIAL SEAL"

LINA SOTO

Notary Public, State of Illinois
My Commission Expires Dec. 19, 2005

In compliance with ADA, this application for license form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternative format.

Sign
here

Notary Public Signature



FORM 35-4010

REV 1/01

RECEIVED
DEC 06 2002
NEBRASKA LIQUOR
CONTROL COMMISSION

INSTRUCTIONS:

- 1) Application and application for manager must be typewritten and submitted in triplicate
- 2) Fingerprint cards (2 cards per person) must be submitted for: a) each stockholder owning over 25% of the stock, b) chief executive officer, c) proposed manager and d) all spouses
- 3) Information regarding spouses must be completed

Required areas marked by a red asterisk (*)

Name of Corporation That Will Hold License. **Attach copy of Articles of Incorporation**

Double Eagle Beverage, LLC *

Total Number of Shares (if corporation)

N/A *

Corporate Street Address

5840 North 70th Street *

Mailing address for receipt of Liquor Control Commission Mailings

P.O. Box 29169 *

Corporate Telephone Number

402/467-3573 *

City

Lincoln *

County

Lancaster *

State

NE *

Zip Code

68507 * - 3109

Name of Registered Agent

Anthony G. Gillick *

Name of Proposed Manager

Anthony G. Gillick *

IN THIS SECTION LIST THE NAME OF THE CHIEF EXECUTIVE OFFICER

Name

Anthony G. Gillick *

Title

President/Manager *

Date of Birth

_____ *

Social Security Number

_____ *

Home Address (1)

8235 Karl Ridge Road *

City

Lincoln *

State

NE *

Zip Code

68506 * - _____

Home Telephone Number

847/774-5821 *

PRINCIPLE OFFICERS, DIRECTORS, STOCKHOLDERS, MEMBERS AND SPOUSES

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Quality Beers Limited Partnership	_____	_____	Member
Spouse Name _____	_____	_____	_____
Partner Number of Shares / % 100%	Spouse Number of Shares / % _____		
Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name Gillick, Anthony G.	_____	_____	President/Manager
Spouse Name _____	_____	_____	_____

_____ Gillick, Lydia M.	_____ 434-06-9358	_____ None	
Partner Number of Shares / % _____	Spouse Number of Shares / % _____		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name _____ _____	_____ _____	_____ _____	_____ _____
Spouse Name _____ _____	_____ _____	_____ _____	_____ _____
Partner Number of Shares / % _____	Spouse Number of Shares / % _____		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name _____ _____	_____ _____	_____ _____	_____ _____
Spouse Name _____ _____	_____ _____	_____ _____	_____ _____
Partner Number of Shares / % _____	Spouse Number of Shares / % _____		

Name of Officers, Directors, Members and Spouses. Give Last Name, First Name, Middle, Maiden, and any aliases	Social Security Number	Date of Birth	Title
Name _____ _____	_____ _____	_____ _____	_____ _____
Spouse Name _____ _____	_____ _____	_____ _____	_____ _____
Partner Number of Shares / % _____	Spouse Number of Shares / % _____		

(If Necessary, Continue on Separate Sheet)

Is this Corporation/LLC controlled by another Corporation?

Yes ☒ No ☐

Name of control Corporation

Listed above

If YES, LIST EACH STOCKHOLDER/MEMBER OWNING MORE THAN 25% stock/interest in that corporation/LCC. Any applicant who has a Corporation as a shareholder MUST file an organizational chart listing all shareholders and/or corporations owning more than 25% stock and listing of the percentage of stock owned.

Please indicate below your corporate tax year with the IRS

Starting date: January Ending date: December

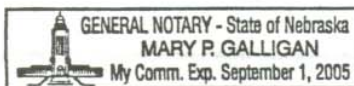
State of Nebraska

Douglas County

)
) ss.
)

RECEIVED
DEC 06 2002
NEBRASKA LIQUOR
CONTROL COMMISSION

Mary P. Galligan
Notary Public Signature & Seal



By Anthony G. Glick Manager
President/Member

In Compliance with ADA, this form is available in other formats for persons with disabilities. A ten day advance period is requested in writing to produce the alternate format.

Secretary/Member

Verify Form and Print

FORM 35-4183
REV. 02/01